

The treatment that seems to have given success in these cases is as follows:

During the attack: Hypodermic injections of morphine and atropine and digitalin; hot mustard foot-bath. A repetition of the atrophine in half an hour if no marked improvement has occurred. Recourse to bleeding in very severe cases in which the above treatment is failing.

Between attacks: Oxygen on the first sign of recurrence; bromide and digitalis in a mixture; chloral and bromide at nights; leeches applied over the liver. General attention to state of bowels and stomach, and removal of septic teeth, etc.

An interesting point is that in none of the three cases was there any general oedema and none of them had rheumatic hearts.

Arlesey, Beds.

W. W. MACNAUGHT, M.B., Ch.B.

The case of acute pulmonary oedema reported by Dr. M. Cohen (*BRITISH MEDICAL JOURNAL*, March 20th, p. 528) is of especial interest as his patient was a young man. In my experience the usual type of patient is an elderly person with marked arterio-sclerosis and raised blood pressure. The cause of acute pulmonary oedema seems to me an acute failure of the cardiac action or some vasomotor disturbance. The following cases will illustrate this view.

CASE I.

A married woman, aged 74, had been under my care for the past five years. She was suffering from valvular disease of the heart with arrhythmia and extra-systoles. She never showed any signs of decompensation, being a very active woman. She had marked arterio-sclerosis, her systolic blood pressure being 180-200 and diastolic 100-110. Her urine contained traces of albumin, the specific gravity being 1012-1016. She was highly myopic, but apart from that the fundus of both eyes was arterio-sclerotic only. So it was a definite case of essential hyperpiesia. Suddenly one night last winter, being in comparatively good health, she developed an attack of acute pulmonary oedema. When I arrived another doctor was already present. The patient was semiconscious, sitting up in bed, pale and cyanotic, with a rapid pulse; systolic blood pressure 120 and diastolic 90. Coarse moist râles were audible all over the chest, and a little froth came from her mouth. After a brief consultation we decided on a liberal venesection from both arms; strophanthin and atropine were injected, followed later by 1/2 c.cm. of pituitrin. The patient still being very distressed a small amount of morphine was injected. Then we left her. Nine hours later we saw her again. She had had a few hours of good sleep, her blood pressure was raised to 140, she was more comfortable and obviously improved. In the urine albumin was present in considerable amount. In five days her blood pressure returned to 180, and she made an uninterrupted recovery. The albumin was gradually reduced to traces only with the rising of the blood pressure. Two months after, again at night, she had another attack with the same symptoms. The same treatment was applied and she was better again in the morning. But her blood pressure rose only to 140, and she complained of severe retrosternal pain, although the heart was not much enlarged by percussion. She was sleepless for three nights. A consultant was called in three days after the night attack, and advised the injection of 1/4 grain of morphine, with strophanthin and atropine. A few hours later she died. It was, in my opinion, a case of acute pulmonary oedema following the hyperpiesial crisis of B. Shaw. Pituitary extract seemed to me the most helpful drug in this case.

CASE II.

I was called urgently to see a woman of about 70 whom I had not seen previously. She had marked arterio-sclerosis, systolic blood pressure 220 and diastolic 110. Diagnosis: Acute pulmonary oedema, full consciousness being present. Treatment: Liberal venesection, pituitrin and atropine. Next day the blood pressure had dropped to 180 systolic and 100 diastolic. The pulmonary oedema passed away, but she developed a severe attack of bronchial asthma, which caused anxiety for a few days and subsided in fourteen days. I was under the impression that in this case the pulmonary oedema was caused by a vasomotor disturbance which produced later the attack of bronchial asthma.

London, E.1.

N. PINES.

The following case occurred at Charing Cross Hospital, in August, 1925, when I was house-surgeon to Mr. L. R. Broster.

A woman, aged 42, who had had the right breast removed on the previous day, suddenly developed intense dyspnoea and cyanosis, and frothy blood-stained fluid escaped from the mouth and nostrils. Death occurred within a few minutes, an injection of camphor in oil having no effect.

The *post-mortem* examination showed that no large blood vessel had been opened at the operation, and apart from the left lung all the organs were healthy. That lung was extremely oedematous, blood-stained fluid pouring off the cut surface; it weighed 18 oz., as against 14 oz. for the right lung. There was no sign of embolism of the pulmonary vessels.

This condition of unilateral pulmonary oedema is sufficiently uncommon to justify a record.

HAROLD AWROUNT, M.R.C.S., L.R.C.P.

Leyton, Essex.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

MENINGITIS AND ENCEPHALITIS DUE TO FOREIGN BODY IN THE CAVERNOUS SINUS.

It would appear that in the following case a piece of wood must have entered the orbit through the upper eyelid when the woman fell. Guided by the bony roof of the orbit the wood must have lodged in the cavernous sinus and broken off, obvious signs of injury disappearing owing to the elasticity of the skin of the eyelid causing it to resume its normal position.

A woman, aged 55, fell and struck her head against some wood outside her cottage door on the evening of July 19th. She was found by her husband a few minutes later and put to bed. Her doctor was called to see her in the morning and said she was suffering from concussion.

On July 23rd she was admitted to the Kent and Canterbury Hospital owing to the condition of the right eye. She had then recovered from the concussion. The right eye was proptosed downwards and forwards. The upper eyelid had a brownish appearance and was slightly oedematous; about its middle was a small graze less than 5 cm. in length which appeared to have involved not more than the superficial layers of the skin. There was no voluntary ocular movement. Examination with the retinoscope showed nothing abnormal within the eye; the temperature was slightly raised.

Two days later the local swelling and oedema, which was never very marked, had disappeared, and the eye could be pushed back into the orbit until it had nearly assumed its normal position. At the same time a curious crepitation could be felt transmitted through the eyeball. X-ray examination of the skull showed no bony lesion.

During the next week the patient became very drowsy and unable to concentrate her attention for any considerable length of time. The temperature chart showed an intermittent fever; the temperature rose to 101° on several occasions. On August 3rd an orbital abscess was diagnosed, and pus was obtained on exploring the orbit above the eyeball. Under a general anaesthetic an abscess the size of a walnut was found, opened, and drained. This, however, produced little effect upon her general condition. On August 6th there was a secondary haemorrhage through the drainage tube saturating the dressings. During the afternoon of August 7th the patient suddenly screamed and jumped out of bed; she died during the evening of the following day (August 8th).

Post-mortem Examination.—Acute pyogenic meningitis and encephalitis were found with an acute abscess in the right temporal lobe, communicating with the lateral ventricle, which also contained pus. Most of the substance of the right cerebral hemisphere appeared to be acutely inflamed. On removing the brain six small pieces of wood, the longest being 1.5 by 0.5 by 0.3 cm., were found inside the right cavernous sinus. It could be clearly seen that the infection had entered the cranium through the right orbital fissure. No bony injury was discovered. The eyeball was found intact, while the orbital abscess had been successfully drained.

The small healed wound seen when the patient was admitted to the hospital was the point at which the foreign body had entered. It is probable that the sudden alarm which she experienced the day before she died was due to abscess in the temporal lobe bursting into the lateral ventricle.

I should like to thank Mr. E. D. Whitehead Reid and Dr. J. A. Pringle for permission to publish these notes, and Dr. H. N. Seymour-Isaacs for assisting me at the *post-mortem* examination.

London, W.

J. F. L. KING.

PYLOROSPASM DUE TO HELMINTHS.

The following case seems of sufficient interest to be placed on record:

An Indian, aged 43, on December 5th, 1925, at 6 p.m., was seized with acute spasmodic pain in the epigastrium and sensations of dragging from the sides to the centre of the chest. He was intensely nauseated, but did not vomit. The pulse was 96, and the temperature 97.2°. The epigastrium was acutely tender and distended. The stomach resonance was high. The bowels had last been opened by a pill on December 4th.

Terebene (m v) given by the mouth was followed by the passage of flatus. Mindful of a similar case, I injected morphine 1/4 grain. Relief was prompt, and the epigastrium became less tender and presented a tense swelling on the left of the middle line. I gave 1½ oz. of castor oil.

By the next morning he had passed nothing. The pains were returning and the swelling was greater. Castor oil was given again. At noon a motion was passed containing ova of ankylostoma, of *Ascaris lumbricoides*, and of *Trichuris trichiura*. He vomited a quantity of semi-digested rice, castor oil, and mucus. He had not swallowed rice for forty-eight hours. The epigastric swelling vanished and there was no pain. After anthelmintic treatment he passed numerous ankylostomes and six ascarids. He has been under observation ever since and is still well (September 14th).

Singapore.

M. J. RATTRAY, M.R.C.S., L.R.C.P.

Major Charles Stewart Lowson, Indian Medical Service (ret.), died in London on October 9th. He was born at Lille on February 19th, 1874, the son of James Lowson, and was educated at Glasgow, where he graduated M.B. and C.M. in 1896. After serving as a civil surgeon in the R.A.M.C. from October 17th, 1898, to July, 1899, he entered the I.M.S. as lieutenant on July 27th, 1899, becoming major after twelve years' service, and retiring on July 27th, 1917.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on October 21st the following medical degrees were conferred:

B.M.—W. H. Hudson, E. L. Fothergill.

Radcliffe Prize.

The next award for the Radcliffe Prize will be made in March, 1927. The prize, of the value of £50, is awarded by the Master and Fellows of University College every second year for research in any branch of medical science comprised under the following heads: human anatomy, physiology, pharmacology, pathology, medicine, surgery, obstetrics, gynaecology, forensic medicine, hygiene. The prize is open to all graduates of the university who have proceeded, or are proceeding, to a medical degree in the university. Candidates must not have exceeded twelve years from the date of passing the last examination for the B.A. degree, and must not, at the date of application, be Fellows on the Foundation of Dr. John Radcliffe. Candidates must send in their memoirs to the Secretary of Faculties, at the University Registry, on or before December 1st, 1926. No memoir for which any university prize has already been awarded is admitted to competition for the Radcliffe Prize; and the prize will not be awarded more than once to the same candidate.

UNIVERSITY OF CAMBRIDGE.

The following candidates have been approved at the examination indicated:

D.P.H. AND HY.—Both Parts: † J. L. Dunlop, B. Ethirajulu, * N. E. Goldsworthy, R. A. N. Henein, F. Hilmy, Fertha H. Lawler, W. Omar, H. B. Porteous, T. C. Puri, J. S. Smith, Margaret A. C. Symon, † A. W. el Wakil.

* Distinguished in Part I.

† Distinguished in Part II.

UNIVERSITY OF LONDON.

DR. PERCY STOCKS, medical officer to the Galton Laboratory since 1921 and Lecturer in Vital Statistics and Epidemiology at University College, has been appointed University Reader in Medical Statistics.

At the meeting of the Senate on October 20th a resolution was adopted placing on record the Senate's high appreciation of the work accomplished by Sir Cooper Perry during his tenure of the post of Principal Officer, to which he was appointed in 1920.

UNIVERSITY COLLEGE HOSPITAL.

THREE lectures in the history of medicine, illustrated by lantern slides, will be delivered at University College Hospital Medical School, by Dr. Charles Singer, on Fridays, November 5th, 12th, and 26th, at 4.15 p.m. The first will deal with the history of scarlet fever, the second with the sweating sickness, and in the third Dr. Singer will discuss some points in the history of hygiene. The lectures are open to all medical students of the University of London.

UNIVERSITY OF EDINBURGH.

A GRADUATION ceremonial was held in the Upper Library Hall on October 23rd, when the following degrees were conferred:

M.B.—Ch.B.—A. I. Barron, O. D. Beetham, H. Caplan, C. W. Clayton, B. G. T. Elmes, W. A. Erskine, A. T. Forbes, W. G. Hardie, J. D. Horsburgh, W. D. Jackson, J. M. L. Johnston, J. J. Mason, D. O. Peters, G. Phillips, E. M. Robertson, P. M. Scott, P. Seager, E. M. Sewell, H. Somerville.

D.P.H.—F. Allardice, J. C. B. Craig, A. I. Messer, Captain J. B. de W. Moloney, O.B.E., I.M.S., A. C. Murray, Agnes F. Turner.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

CALENDAR FOR 1926-27.

The College Calendar for the current year has been issued. It includes, as usual, a report of the proceedings of Council during the past twelve months, together with lists of officers, fellows, members, and diplomates, and the customary historical and official information. In the period under review 68 diplomas of fellowship were issued, including 2 to medical women; 768 diplomas of membership, including 144 to women; and 202 licences in dental surgery, including 9 to women. The following diplomas were granted jointly with the Royal College of Physicians: Public Health, 32; Tropical Medicine and Hygiene, 52; Ophthalmic Medicine and Surgery, 51; Psychological Medicine, 18; Laryngology and Otolaryngology, 15. In compliance with a request from the British Dental Association, the Council decided to institute a gown for licentiates in dental surgery.

The subject of the Jacksonian Prize for 1927 is "The Pathology, Diagnosis, and Treatment of Bronchiectasis and Abscess of the Lung." No essays were received in competition for the prize in 1925.

The Supplemental Charter in the form prayed for by the

College was approved by the King in Council on July 26th, 1926. In order to carry out the provisions of the new Charter alterations will be required in certain by-laws, and a committee has been appointed to consider and report to the Council on the proposed changes.

The financial report states that the income of the College, exclusive of income from Trust Funds, amounted to £43,630, or £4,397 less than in the previous year. The decrease is mainly accounted for by a falling off in fees for the Conjoint Diploma and for the L.D.S. The total expenditure amounted to £36,123, or £5,214 less than in the previous year; of this decrease £2,362 was in respect of examination expenses. The balance on the revenue account amounted to £7,507, or £817 more than the sum realized in the previous year. While the net result of the current year is not likely to be so favourable, there is reason to expect a substantial balance to the good.

The Conservator's report records the appointment of Mr. Cecil F. Beadles as pathological curator in succession to the late Professor S. G. Shattock. Much progress was made in the revision of the collections illustrating the injuries and diseases of special systems and organs of the body; also in the re-cataloguing of specimens illustrating special pathology, and in the cataloguing of the Army Medical Collection now almost completed. Mr. Alban Doran completed his task of preparing a descriptive catalogue of the collection of surgical and other instruments, and the labelling and arrangement of specimens has been greatly improved under the guidance of Mr. C. J. S. Thompson. The scheme for extending the odontological collection, under the honorary curatorship of Sir Frank Colyer, is now on the point of completion. During the period under review more than 11,000 students and visitors used the Museum. The number of readers in the library was 6,350, and the Librarian in his report states that the supply of books and periodicals was well kept up during the year, works bearing on surgery and the contents of the Museum being chiefly provided. A useful addition to the *Calendar* is an inset plan of the floor of the library, indicating the position of periodicals and works of reference.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At the meeting of the Royal College of Surgeons of Edinburgh, held on October 20th, Dr. Arthur Logan Turner was re-elected President for the ensuing year, Sir David Wallace, C.M.G., D.L., Vice-President, and Mr. Alexander Miles, LL.D., F.R.C.S.E., Secretary and Treasurer.

The following thirty-six successful candidates out of eighty-three entered, having passed the requisite examinations, were admitted Fellows:

A. W. Allum, R. Armstrong, W. E. Barrie-Adshhead, K. D. Bhawe, G. S. A. Bishop, A. Callam, R. E. D. Cargill, J. R. Cornish, D. R. Cramb, A. Gillies, K. H. Gillison, Major W. T. Graham, R.A.M.C., R. J. B. Hall, H. A. H. Harris, C. V. Krishnaswami, G. E. Larks, E. G. Lynch, C. S. Macdougall, W. B. McKelvie, Surgeon Commander J. A. Maxwell, R.N., B. Moore, H. W. Nash, R. W. Payne, J. H. Pilkey, J. L. R. Plimmer, W. J. Robertson, P. Roux, J. Scott, T. Sprunt, J. P. Stewart, S. H. Tan, P. A. Treahy, I. A. Tumarkin, J. R. Wells, T. A. Weston, L. M. Zinck.

CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—*Medicine*: D. J. McKenna, R. A. Paton, D. Ross, E. P. Kelly, S. P. B. Gunawardana, B. A. Van der Gert, S. A. Gunawardana, E. A. Y. MacKeown, P. J. Bourke. *Surgery*: A. S. Gordon, J. G. Buchanan, A. Kouchouk, S. R. Cartheagasan, A. R. Cowan. *Midwifery*: J. D. Cooper, D. F. Jayamaha, K. Dhar, R. A. Paton, S. Callier, D. Ross, A. B. Gilston, Lucy W. MacDougall, Elizabeth Bell, B. A. Van der Gert, S. A. Gunawardana, A. Kouchouk, H. T. J. Abeyesundere, L. M. de Silva, P. J. Bourke, S. R. Cartheagasan, J. E. Mulholland, K. Pallit, A. R. Cowan. *Medical Jurisprudence*: H. C. Duncan, D. F. Jayamaha, A. Lipschitz, J. T. F. Pearse, W. Campbell, M. Clayton-Mitchell, W. Ainslie, C. E. Vaz, S. Callier, R. R. MacGibbon, Mary E. J. Magee, L. M. Green.

Of ninety-seven candidates entered the following, having passed the Final Examination, were admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.:

W. G. H. Allen, O. D. Beetham, P. R. C. Peterson, N. M. Eadie, A. G. Farquharson, A. E. F. L. Forbes, W. L. G. Jewitt, S. A. B. Hosang, J. A. Mainis, T. A. P. Wynter, D. Zimmerman, J. G. Currie, K. M. E. Swami, G. M. Fox, R. D. Kerr, J. V. O'K. Murphy, B. W. Perera, C. Gurusamy, H. B. Martin, D. B. J. de Silva, H. S. Kent, E. B. Werden, M. B. Stungo, B. S. Ellis, J. Hendry, A. S. Pool, J. J. B. e Souza, C. H. A. S. B. Panlickpulle, S. W. Charles, A. W. Scott.

D.P.H.—Jessie G. Service, G. J. Bastible, C. L. Pieters, R. Cruickshank, Flora MacDonald, R. S. Begbie, A. Lundie, R. Levinson, Alexandra M. MacCormick, Ruth M. Allison. *Part I*: G. M. Millar, Lillias E. B. Buchanan, J. W. Starkey, C. K. Robertson, Jean R. Mason, Philomena R. Whitaker, J. Douglas.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—H. J. Fordham, R. C. Glover, W. Johnson, R. I. Richards, H. Rundstrom.

MEDICINE.—A. Henkamp, W. Howard, T. W. Riseley, W. D. Williams.

FORENSIC MEDICINE.—J. R. S. Bowker, A. Henkamp, W. E. Ivers, S. Jenkins, T. W. Riseley, V. K. Samy, W. D. Williams, R. W. Wood.

MIDWIFERY.—H. M. de Hartog, B. D. Jain, A. W. Marsden, C. E. Nicholas, J. Patis, D. K. Reynolds, E. H. Waller, W. D. Williams.

The diploma of the Society has been granted to Messrs. R. C. Glover, A. Henkamp, W. Johnson, C. E. Nicholas, J. Patis, and R. I. Richards.

Obituary.

W. H. WHITE, M.D.,

Consulting Physician, Royal Hospital for Diseases of the Chest.

DR. WILLIAM HENRY WHITE, whose death occurred suddenly on October 22nd, was born at Wexford in 1849 and educated in Ireland. He graduated at Trinity College, Dublin, ultimately becoming M.R.C.P.Lond. When he came to England he practised at Westbury, Shropshire, but after a few years he found that the work of a very great and growing practice was too much for his health. After a rest he settled at 43, Weymouth Street, and for forty-five years, down to the day of his death, was seeing patients. Dr. White belonged to the old school of practitioners. Very definite in diagnosis and perhaps somewhat dogmatic, he had a great hold on his patients. His appearance was striking, and his personal magnetism as great with the poor as with the rich, largely owing to his cheerfulness and geniality. He was for many years physician to the Royal Hospital for Diseases of the Chest and to the St. Marylebone Dispensary. His treatment of disease was intensely practical; he was quick to discard useless methods. His friends will ever remember him for his charm, kindness, and sympathy. He was a great lover of horses, for many years a familiar figure in the Row, and only a few years back did he at last give up driving his own pair on his rounds. Another favourite pastime was yachting at Falmouth and along the south coast. The death of his wife in January last, just after their golden wedding, was a terrible blow to him, from which he never recovered. He is survived by his two children, a daughter and son, Norman.

We regret to record the death of Dr. ROBERT PARRY, a leading practitioner of Carnarvon, at the age of 71. He was a native of Merionethshire, and received his education at Owens College, Manchester, and Guy's Hospital Medical School. He obtained the diplomas of L.S.A. in 1878, M.R.C.S.Eng. in 1879, and L.R.C.P.Lond. in 1882, and graduated M.B.Lond. in 1882. In 1883 he started practice in Carnarvon, and soon afterwards began to take an active part in the public life of the district. He was for nearly forty years a member of the town council, was mayor from 1897 to 1899, and in 1921 his name was added to the roll of freemen. He had also served as chairman of the County Council and chairman of its Health Committee, and was a member of the Carnarvonshire Insurance Committee and of the Joint Sanitary Committee for the county. He was a justice of the peace for the borough and county of Carnarvon. His professional appointments include those of medical officer to the Carnarvon Union Infirmary, and surgeon to the police and to the local prison. For many years Dr. Parry had been a loyal and zealous member of the British Medical Association, and at the time of his death was a member of the North Wales Branch Council and of its Executive Committee; he was president of the North Wales Branch in 1901. He was highly esteemed by his colleagues, and his guidance in professional difficulties was much appreciated. At the funeral there was a large assembly of mourners, including representatives of all the public bodies on which Dr. Parry had served, and a great many medical men. He is survived by his widow, three sons, and two daughters; two of the sons are members of the medical profession.

Dr. CHARLES CLEMENT LAPAGE, who was for forty-two years in practice at Nantwich, Cheshire, died on October 14th after a short illness. He was a native of Leeds, and was educated at Leeds and Magdalene College, Cambridge. He obtained the diplomas M.R.C.S.Eng. in 1876 and the L.S.A. in the next year; he graduated M.B.Cantab. in 1882, and in the same year proceeded M.D. After holding the appointment of assistant house-surgeon to the Leeds General Infirmary he commenced private practice in Nantwich, and retired in 1919. In addition to his private practice he was consulting phy-

sician to the Brine Baths Hotel, and took an active part in the voluntary medical work of the town. He was medical officer to the Red Cross detachment before the war, and served throughout it as medical officer to the Nantwich V.A.D. Hospital. Dr. Lapage was for many years a member of the British Medical Association, and he was also very active in ambulance work, being well known over the Cheshire district as an examiner and lecturer for the St. John Ambulance Brigade. He took great interest in athletics, and in his university days was prominent in many forms of sport. This interest he retained as far as possible when he went to Nantwich, where he was well known in the hunting field and as a supporter of every form of open-air life. His wife predeceased him in 1919, and he is survived by a daughter and five sons, two of whom are members of the medical profession.

The following well known foreign medical men have recently died: Dr. KAUFFMANN, oto-rhino-laryngologist, at Angers; Professor MAX KOCH, pathologist, at Berlin, aged 53; Dr. MAX HOWALD, professor of medical jurisprudence at Berlin; and Professor E. OPITZ, gynaecologist, at Freiburg.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

PARLIAMENT reassembled on October 25th to approve the continuance of the Emergency Regulations during November. This was done after discussion. The House of Commons sat on October 25th and 26th, but its debates did not result in any new proposals for settlement of the mining dispute, although approaches were made to the Prime Minister behind the Chair. Occasion was taken during the sittings to take the opinion of the House on certain remarks made earlier in the month by Dr. Salter in a speech at a temperance society, in which he imputed inebriety to certain members of the House of Commons. A prolonged debate ensued, during the course of which Dr. Salter repeated his allegations. Veteran members testified to the much improved sobriety of the country and of the House. A motion repudiating Dr. Salter's charges was made, but an amendment was proposed to refer the matter to a Committee of Privileges; the amendment was rejected, and the original motion adopted without a division.

The House of Commons will meet again on November 9th for the ordinary business of the autumn session. The heavy work caused by the coal stoppage and the Imperial Conference has, however, disturbed the Ministerial programme, and Mr. Neville Chamberlain does not now hope to obtain this autumn a preliminary debate in the House of Commons on the bill he is preparing for the reform of the Poor Law and the abolition of boards of guardians. He may, however, issue a draft or summary of it for examination by politicians and public authorities. The hope is that the Government will make this bill a principal item in its legislative programme of next year, but the Cabinet has not decided to do so.

Outbreaks of Infantile Paralysis in England.

On October 25th, in reply to Mr. Ammon, Sir Kingsley Wood said that an outbreak of infantile paralysis occurred in Broadstairs this month. Fifty-three cases had been notified and there had been two deaths. The outbreak had been mainly restricted to private boarding schools and day schools in Broadstairs; three cases had occurred in convalescent homes. A medical officer of the Ministry of Health visited Broadstairs immediately, and had conferred with the medical officer of health and the local medical practitioners as to the administrative arrangements for dealing with the outbreak. Leaflets of advice had been issued and facilities for hospital isolation and disinfection provided. An outbreak in Leicester began at the end of July and reached its maximum in the week ending September 18th. The last case was notified on October 14th. There were altogether 73 cases, 6 of which were fatal. They occurred sporadically, all over the town. In no instance did more than one case occur in a household, and no one school was specially affected. Each case was personally investigated by the medical officer of health, who arranged for the necessary isolation and for treatment, either at the isolation hospital or the Royal Infirmary.

Mr. Ammon asked whether instructions were issued from the department, so far as Broadstairs was concerned, that all reports were to be suppressed and no information allowed to leak out. Sir Kingsley Wood said all notifications had been published in the official returns week by week; the council of Broadstairs—the proper body to make a statement—issued an official statement to the public generally.

Medical News.

THE Lloyd Roberts lecture for 1926, at the Manchester Royal Infirmary, will be delivered by Dr. W. E. Gye on Tuesday, November 9th, at 4.15 p.m. The subject will be "An outline of the knowledge gained by the experimental study of cancer."

AT a meeting of the Medical Officers of Schools Association, to be held at 11, Chandos Street, Cavendish Square, W.1, on Friday, November 12th, at 5 p.m., Dr. A. I. Siney will introduce a discussion on suggestions as to the modification of the rules usually observed in the management of infectious diseases in boarding schools. (Tea 4.30 p.m.) All interested in the subject are cordially invited to attend.

A MEETING of the Medical Prayer Union will be held, by kind invitation of Dame Mary Scharlieb, M.D., M.S., at 71, Harley Street, on Friday, November 5th, at 5.30 p.m., when an address will be given by the Rev. Hubert L. Simpson, M.A., on "The doctor and religion." An intimation of intention to be present will be welcomed by the honorary secretary, Dr. Tom Jays, Livingstone College, E.10.

AT the Post-Graduate Hostel, Imperial Hotel, Russell Square, W.C.1, on Monday next, November 1st, at 9 p.m., Sir James Dundas-Grant will read a paper on some clinical experiences, and on Friday, at the same hour, Dr. E. I. Spriggs will discuss diverticulosis. All medical practitioners are welcome. Dinner will be served at 8 p.m. (price 5s.) and coffee and biscuits at 10 p.m. (price 6d.).

THE Fellowship of Medicine announces that on November 4th, at 5 p.m., at the house of the Medical Society of London, 11, Chandos Street, W., Mr. C. Max Page will continue the series of lectures on surgical and medical emergencies by speaking on the treatment of fractures. On the same day, at 1 p.m., Mr. M. L. Hepburn will give a demonstration in clinical ophthalmology at the Royal London Ophthalmic Hospital. At the Royal National Orthopaedic Hospital on November 1st Mr. E. Laming Evans will give a special afternoon demonstration, starting at 3 p.m. All the above are free to members of the medical profession. On November 1st a practitioners' course in general medicine and surgery will start at the Hampstead General Hospital, with daily sessions from 4.30 to 6 p.m.; the course will last for two weeks, and a clinical demonstration will be given for the first three-quarters of an hour, followed by a lecture. On the same day a course in venereal diseases will begin at the London Lock Hospital, with clinical work each day from 1 p.m. onwards; four or five lectures will be given weekly during the four weeks of the course. At the Royal Waterloo Hospital for Children and Women a three weeks' course in medicine, surgery, and gynaecology, occupying every afternoon and some mornings, will start on November 15th, and will include lectures and clinical demonstrations on diseases of the nervous system, feeding of infants, congenital heart disease, diseases of the blood, kidneys, thyroid, joints, stomach, and intestines, with gynaecological diagnosis, consideration of the commoner gynaecological affections, ophthalmia neonatorum, and skin diseases, and modern methods of laboratory diagnosis. A course at the St. John's Hospital for Diseases of the Skin, from November 15th to December 11th, will include daily instruction in the out-patient department, and lectures on Tuesdays and Thursdays. The West End Hospital for Nervous Diseases, from November 22nd to December 18th, will hold lecture-demonstrations daily at 5 p.m. At St. Mark's Hospital, from November 22nd to 27th, there will be a course of operations, demonstrations, and lectures, and at the London Temperance Hospital, from November 29th to December 11th, a course in medicine and surgery in the late afternoons. Copies of all syllabuses, the general course programme, and the *Post-Graduate Medical Journal* may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

THE People's League of Health has arranged a series of eight lectures on "Diet: What we should eat and why," to be delivered in the lecture room of the Medical Society of London, 11, Chandos Street, Cavendish Square, W.1, commencing on Wednesday, November 3rd, at 6 p.m. The lecturers include Professors Leonard Hill, Winifred Cullis, W. E. Dixon, and Hugh Maclean, and Dr. Harry Campbell. The fee for the series will be 8s. The syllabus may be obtained from Miss Olga Nethersole, 12, Stratford Place, W.1.

A FURTHER extraordinary general meeting of the Medical Sickness, Annuity, and Life Assurance Society will be held at the offices of the company, Lincoln House, 300, High Holborn, W.C., on Monday, November 1st, at 4 p.m., for the confirmation or otherwise of the resolution approving alterations in the articles of association adopted at the meeting on October 11th.

THE Norman Lockyer lecture for 1926 will be given in the Goldsmiths' Hall on Tuesday, November 23rd next, at 4 p.m., by Mr. J. S. Huxley, Professor of Zoology and Animal Biology at King's College. Its subject will be biology and human life. Tickets can be obtained from the Secretary, British Science Guild, 6, John Street, Adelphi, London, W.C.2.

THE London Clinic of Psycho-Analysis has recently been opened for the out-patient treatment of cases found suitable for this form of therapy. Its purpose is to place a method of treatment that is lengthy and therefore usually expensive within the reach of those who cannot afford the usual or indeed any fees, and to provide opportunity for the training, under supervision, of medical students and practitioners who desire to specialize in this branch of work. The staff consists of the following honorary physicians: Drs. Ernest Jones (honorary director), Douglas Bryan, E. M. Cole, M. D. Eder, Edw. Glover, M. B. Herford, W. Inman, Sylvia M. Payne, R. M. Riggall, W. H. B. Stoddart, and John Rickman (honorary secretary). The address of the clinic is 36, Gloucester Place, W.1.

THE British Social Hygiene Council has arranged a course of lectures to teachers and those concerned with education, to be held at the College of Nursing, Henrietta Street, Cavendish Square, W.1, at 5.30 p.m. Mr. D. Ward Cutler will open the course on November 4th with a lecture on the contribution of biology to social hygiene. Dr. Feldman will describe the contribution of physiology to social hygiene on November 11th. Dr. J. A. Hadfield will discuss the contribution of psychology to social hygiene on November 18th. Dr. Mary Buchan Douie will discuss adolescent and social hygiene from the standpoint of the home on November 25th, and on December 2nd Professor Winifred Cullis will lecture on adolescent and social hygiene from the standpoint of the school. Free tickets can be obtained from the London secretary of the Council, Carteret House, Carteret Street, S.W.1.

A NATIONAL conference on milk in relation to public health will be held in the King George's Hall, Caroline Street, Great Russell Street, W.C.1, on Tuesday, November 16th. At the morning session reports will be received from public authorities on the present conditions of the milk supply, Dr. Harriette Chick will read a paper on milk in relation to public health, and Dr. W. G. Savage will open the discussion. The afternoon session will open with remarks by the Minister of Health, and consideration will be given to suggestions received by the conference committee as to steps to be taken by the public, public authorities, and the Government for the improvement of the milk supply. A general discussion will be opened by Professor H. R. Kenwood.

A QUARTERLY meeting of the Royal Medico-Psychological Association will be held on November 16th at the Horton Mental Hospital, Epsom, when it will be proposed to form a special committee on research and clinical psychiatry as a preliminary to the appointment, at the next annual meeting, of a standing research and clinical committee to consider the most profitable lines on which the matter can be pursued. It will be proposed also to ask each division to appoint a clinical committee to organize regular meetings devoted solely to the clinical aspects of psychological medicine on such lines as will encourage the attendance primarily of assistant medical officers. In the afternoon a paper and clinic on chronic epidemic encephalitis will be given by Dr. P. K. McCowan and Dr. J. S. Harris, at West Park Mental Hospital, Epsom, and a visit will be paid to the Manor Institution for Mental Defectives. On the previous day (Monday, November 15th), at 4 p.m., an address will be given at the British Medical Association House, Tavistock Square, W.C., by Dr. Alfred Adler, of Vienna, on the cause and prevention of neurosis.

AT the annual dinner of the Chelsea Clinical Society on October 26th, the president, Dr. Ernest Charles Young, took the chair, and a record attendance of members was present. The toast of "The Visitors" was proposed by Mr. Ivor Back, who coupled with the toast the names of Lord Carson, the Dean of St. Paul's, and Sir Arthur Conan Doyle. Lord Carson, in replying, spoke of his appreciation of the personal help he had received from doctors during his life, and admitted that he thought they appeared to greater advantage in the consulting room and at the bedside than in courts of law. The Dean of St. Paul's confessed to a strong sympathy with doctors, of whose services, however, he was glad that he had not had to take advantage very often. He contributed two humorous anecdotes to the gaiety of the evening. Sir Arthur Conan Doyle remarked that, although he felt somewhat of a traitor to the medical profession, having deserted it after comparatively short service, yet his professional life, though not very long, had certainly been broad, and perhaps deep. He thought he was the only representative present of the old unqualified assistant,

on whose character and activities he touched lightly and tactfully. His medical work had also been conducted in ships, while he had once occupied a consulting room and a waiting room in Wimpole Street, both of which, however, he had found to come under the latter title. The remaining toasts were the Chelsea Clinical Society; the Allied Societies, with special reference to the Hunterian Society, the dinner meetings of which had been copied by the Chelsea Clinical Society; and the health of the president, who said that the society aimed at being of particular value to general practitioners. A gratifying feature was the excellent attendance at its meetings during the past year, while the membership had also reached its highest point so far. The prospects for the future were very good.

AT the third Pan-Pacific Scientific Congress, to be held at Tokyo from October 30th to November 11th, the following subjects will be discussed in the medical section: (1) the prevalence, prophylaxis, and treatment of diseases on the Pacific Coasts; (2) the prevalence, symptomatology, prevention, and treatment of dysentery, ankylostomiasis, and Japanese schistosomiasis; (3) the climate, feeding, clothing, and power of resistance of the inhabitants of different parts of the South Sea Coast.

DR. HAMEL, President of the German Health Department, has been elected member of the Commission for Combating Tuberculosis appointed by the Committee of Hygiene of the League of Nations.

THE late Mrs. Margaret H. Hamilton-Fallowes, who died in August last leaving estate amounting to nearly £2,000,000, has bequeathed £1,500 to the Boscombe and West Hants Hospital to endow a bed in her memory, and £1,000 each to the Royal Waterloo Hospital for Children and Women, the Royal Surrey County Hospital, Guildford, and the Royal Ophthalmic Hospital.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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All communications with reference to ADVERTISEMENTS, as well as orders for copies of the JOURNAL, should be addressed to the Financial Secretary and Business Manager.

The **TELEPHONE NUMBERS** of the British Medical Association and the BRITISH MEDICAL JOURNAL are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4381 Central).

QUERIES AND ANSWERS.

RECURRENT MONSTERS.

"PELVIS" asks for suggestions for the treatment of the following case: A woman, married three years, now aged 29, has twice become pregnant. The pregnancies terminated at seven and six and a half months respectively with hydramnios, anencephaly, spina bifida. Her husband is about 40. There is no suspicion of venereal trouble on either side. This woman suffered from spinal scoliosis as a girl. There is still some deformity and apparent tilting of the pelvis.

RECURRENT BOILS.

DR. D. McASKIE (Southsea) writes: If "W. L.-C." (Torquay) (JOURNAL, October 16th, p. 717) will, as soon as he sees a boil appearing, apply 88 plaster-mull, the boils will be at once aborted.

SURGEON-LIEUTENANT L. P. SPERO, R.N., states that he has found the following line of treatment of recurrent boils very satisfactory: (1) The urine is often strongly acid; if so, it should be rendered alkaline with potassium citrate and sodium bicarbonate (large doses are necessary sometimes), and then endeavour to maintain the urine neutral, or, at all events, to diminish the

acidity as much as possible. (I am presuming the question of diet has been tackled.) (2) Take a piece of lint larger than the boil and cut a very small hole in the centre. Smear ung. hydrarg. ammon. dil. on the lint and apply to the boil and surrounding area, so that the aperture is over the centre or that part which is most likely to "point"; now soak a piece of gauze in 1 in 20 carbolic, squeeze out and place over the aperture, covering all with a thick pad of wool and bandage. This simple dressing is most effective and should be done once or twice a day. It is said, I believe, that hot fomentations tend to reinfect. I have had far better results since giving them up entirely.

WARTS AND EGGS.

DR. C. LUTHER BATTESON (Watford) writes: In answer to Dr. Leonard Williams's inquiry in the JOURNAL of October 23rd (p. 763), it used to be a common superstition in my young days in the East End of London that drinking water in which eggs had been boiled would cause warts. I have known people make tea or cocoa with the water in which eggs had just been boiled, but have no evidence that warts were ever caused thereby.

INCOME TAX.

Assessment.

"J. W. G." refers to the reply to "A. G." in our issue of October 2nd, 1926, and asks for a fuller explanation of the distinction referred to therein.

* * The case of Tennant v. Smith (*Appeal Cases*, 1892, p. 150) decided that if the holder of an office receives a salary and, in addition, an advantage—such as free residence—of which he is obliged to avail himself, and which he cannot transfer to others for profit to himself, then he is assessable in respect of his salary only. In the later case, Cordy v. Gordon (41 *Times Law Reports*, p. 401), Rowlatt, J., drew a distinction between the above facts and the case where a person is paid a salary and out of that salary has to pay a counter amount to secure himself some necessities which his employers think he ought to have in a certain form; in such a case the gross salary, and not the excess over the counter-charges, is held to be assessable.

LETTERS, NOTES, ETC.

POTASSIUM CHLORATE IN CONGENITAL GOITRE.

DR. R. VERNON BAILEY (Manchester) writes with reference to Dr. R. K. White's article on potassium chlorate and congenital goitre (JOURNAL, August 14th, p. 332) to point out that Professor W. E. Fothergill of Manchester published the description of a similar case in the BRITISH MEDICAL JOURNAL, 1903, i, p. 847, and also in the *Journal of Obstetrics and Gynaecology* in January, 1904, under the title of "Maternal eclampsia: hypertrophy of foetal thyroid."

TREATMENT OF NEOPLASMS.

MR. G. S. THOMPSON, F.R.C.S. (Sydney, N.S.W.) writes: In view of the recent articles and work on the treatment of malignant growths and the claims to priority therein, I wish to call attention to the special (prize) article written by me in 1909 from Kimberley, South Africa, and published in the *Hospital* (London) on June 4th, 1910 (pp. 283-84), in which I elaborated my theory and practice of the treatment of neoplasms by inoculation of growth substances to produce active and passive cure, either by inoculating the patient with growth substance (active immunization) or immunized serum (passive immunity), etc.

ST. KILDA.

DR. ROBERT GORDON MACDONALD (Dunedin, New Zealand), who tells us that it is now some fifty years since he joined the British Medical Association, sends the following note on the article on St. Kilda, published on July 10th:

I visited St. Kilda many years ago when on a visit to the Old Country, and was much interested in the place and its people. The "shore cough" you refer to was, and probably still is, quite common throughout the more remote Highlands, both on the islands and mainland. The people spoke of it as "Cnatan na gall," or Saxon's cold. On settling in Dunedin over forty years ago I thought I would never again hear of "Cnatan na gall," but it is quite common here. When shepherds from far inland sheep stations visit town in winter, which is their off season, they invariably develop "Cnatan na gall" on the second or third day of their visit. The Saxon shepherds call it "flu," while the Highland shepherds still call it "Cnatan na gall." All these people live in a germ-free atmosphere at home, but when they meet strangers or visit towns they invariably develop feverish symptoms with cough. Though St. Kilda and Dunedin are about the extreme ends of the British Empire, they are one in "Cnatan na gall."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 37, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 203.